



REQUEST FOR MEDIA RECORDING OF HEARING/TRIAL

Case/Adversary Proceeding Style: _____

Case/Adversary Proceeding Number: _____

Date of hearing/trial: _____

Location: _____

Requesting party: _____

Address: _____

Telephone #: _____

Date: _____ Signature: _____

Delivery method of official audio (choose one):

Email: _____

Website: _____

USB drive for pickup at Clerk's Office front counter: Y/N

Special instructions / notes:

** Include fee of \$34.00 in cash or check made payable to Clerk, U.S. Bankruptcy Court, SDWV**

FOR COURT USE ONLY

Completed process and docketed: Y/N

Date: _____